



## Health Status Evaluation of Female Street Vendors of Patna Town, Bihar

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### Abstract

*In the present day, customers frequently purchasing from street vendors or hawkers, as they offer necessary goods at reasonable prices and in accessible locations. However, these street vendors, particularly female street vendors, face numerous serious obstacles including social, economic, and health-related issues. The objective of this investigation is to ascertain the health conditions and occupational vulnerabilities that women who are employed in this field encounter. The primary data was collected through a field survey, which was restricted to a maximum of 100 respondents. The data collected was analysed and represented using a bar diagram, pie chart, and percentage analysis. The key findings indicate that women are primarily affected by one or more health issues, work long hours and have been mistreated by government employees, and tend to seek private health care more often than public health services. This results in a decrease in their purchasing power, which in turn decreases their ability to purchase other basic necessities and ultimately reduces their standard of living. It also addresses the factors that contribute to the underutilisation of public healthcare services. Consequently, it is recommended that the government implement superior policies and programs that address the financial needs of businesses, thereby enhancing the standard of living of the women who work in this sector. Additionally, policies should be implemented that ensure the children of women in this field have access to a sufficient education. Attention should be given to the maintenance of hygiene at public places and awareness program should be implemented.*

**Keywords:** Street Vendors, Health, Health Facilities , Women Vendors

### 1. Introduction

Street vendors are independent sellers who operate on roads, in streets, and in tourist areas. They play an important role in the urban informal economy by supporting formal businesses and providing jobs for transit workers. According to a study by the National Policy on Urban Street Vendors (2006), approximately 93% of this workforce is engaged in the unorganized sector. Women in street vending compete equally with their male peers in this field. There is an increasing trend in both the number of vendors and participation in the informal urban economy. These vendors contribute to a vibrant urban environment by selling popular street foods such as Chaat, batata bari, and Paani-Puri, along with offering fruits, vegetables, and household items at affordable prices. For many women, vending offers a flexible income source that helps them balance their work and family responsibilities. It empowers them with financial independence, the ability to make decisions, and a sense of economic security. However, these

female vendors frequently encounter obstacles, including inadequate legal support, societal expectations, harassment in public spaces, and limited access to financial resources and other facilities. Biologically, women are often regarded as a more vulnerable group, making them more prone to health issues. This line of work demands significant physical effort, as individuals must operate in polluted surroundings, extreme weather conditions, and unsanitary environments, all of which can negatively affect their health. Poor health can lead to decreased productivity in their jobs. As such, their profession poses considerable health risks. Given their crucial role in the economy, it is the responsibility of the government to safeguard these vendors from the everyday challenges they face through effective policies and initiatives. Therefore, this article seeks to explore the genuine health concerns and occupational hazards faced by vendors in Patna City.



## 2. Literature Review

Din & Farhad (2023), in their paper entitled "Women Workers in the Informal Sector in Kashmir: Understanding the Reproductive Wellness and Occupational Vulnerability of Women Street Sellers in Srinagar," discuss that women vendors, because of the informal nature of their jobs, come across many risks that directly affect their health conditions. All vendors, with the exception of those selling vegetables used to work overtime for more than 12 hours. Consequently, in addition to the hardships they endure through being homeless, the lack of essential utilities and bad weather severely impact their health. They encounter the repercussions of conditions such as hypertension, musculoskeletal disorders, headaches, stress as well as their work environment greatly impacts their reproductive health. Amrutha P. and Cholakkal I. (2021) elaborate in their paper "Socio-Economic and Health Conditions of Street Vendors in Kozhikode" that, despite their significant role in society, they encounter numerous challenges on a daily basis in order to sustain and generate income through vending. The vast majority of vendors have limited financial resources and lack other means of income. Consequently, they strain themselves without regard for their health conditions or other burdens. As a result, it is essential that government official's priorities their concerns and provide them with favourable treatment. Chakraborty and Koley (2018) In "Socio-Economic View on Street Vendors: A Study of a Daily Market at Jamshedpur," demonstrate that the number of street vendors is on the rise and that they are primarily migrants from rural areas to the city area of Jamshedpur. The majority of them were illiterate and incompetent. Their research demonstrates that they are required to operate in unsanitary, hazardous, and insecure conditions for extended periods.

## 3. Objectives

- To identify significant issues or obstacles encountered by women street vendors in their working hours.
- To analyse the health conditions of female street vendors.
- To analyse the impact of public healthcare on the health status of female vendors.

## 4. Importance of the Research

Female street sellers are an important component of the urban informal sector in Patna town. However, their contributions to the informal sector have been overlooked until the recent passage of the "Street Vendors Act 2014," achieved by the diligent work of organisations like as NASVI and SEWA. However, its implementation is pending in several areas, and when it has been enacted, it seems insufficient to address all issues faced by street sellers, particularly female street vendors. Numerous studies have emerged, highlighting the hazardous working circumstances of street vendors, the problems they encounter in their profession, and the adverse effects on their health, across various locations, despite the enactment and execution of relevant acts and programs. This research was undertaken to examine the primary issues and health conditions of female street sellers in Patna town. Consequently, the findings of this research will enhance our understanding of the actual conditions and challenges faced by women street vendors, thereby enabling legislators to formulate effective strategies for improving their livelihoods and advancing the informal economy. It may also aid anybody seeking to undertake research on street selling.

## 5. Research Methodology

The research was conducted in areas of Patna town that were easily accessible to the researcher and where a significant number of women street vendors were present. Bihar's capital city is Patna. The respondents were selected from the following localities of the city: Marine drive, langar toli, Gandhi Maidan, and Bailey road, using a purposive and convenient sampling method. A subset of 100 female street vendors was selected for the primary research. During the field survey, it was noted that the number of female vendors in the town was significantly lower than that of male vendors. The langar toli market and marine drive area of the city were the locations where the majority of women vendors were observed. The data was collected using an observation method and a schedule of queries. Both open-ended and closed-ended queries were employed to solicit responses. The study employed authentic articles, government websites, and journals that were already published as

secondary sources.

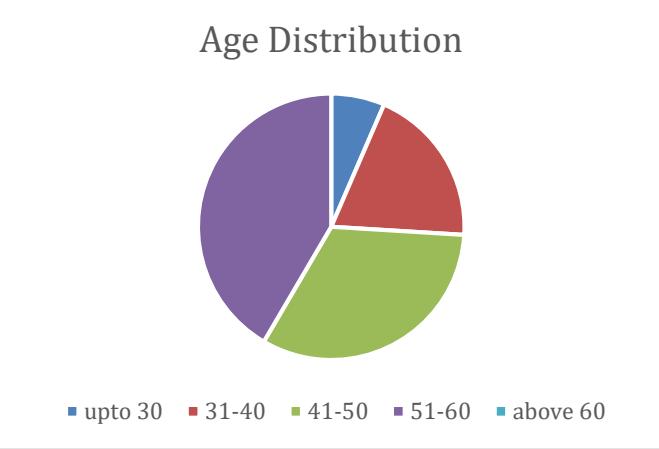
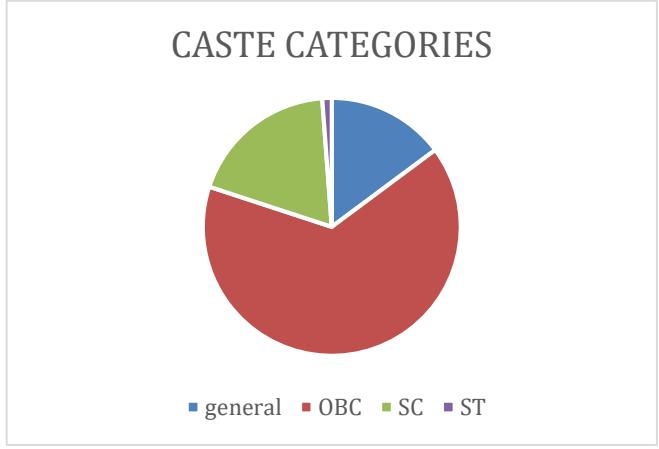
## 6. Results and Discussion

This section discusses the findings and issues pertaining to our research of female street sellers.

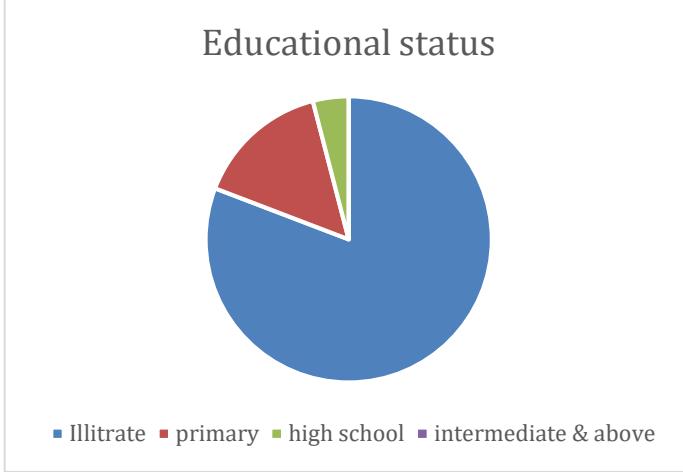
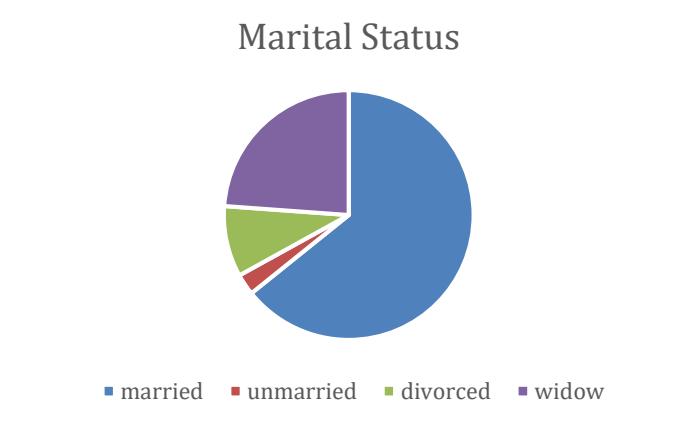
**Demographic profile:** Table 1 provides a socio-demographic profile of female vendors. The respondents' age distribution indicates that the majority of females who were engaged in vending were in the age bracket of 51-60 years, accounting for 32% of the total. Women who were over 60 years of

age accounted for 23% of the total. Approximately 70% of these women were married, while 30% were either, widow, divorced or unmarried. It was also observed that a significant number of respondents aged 41-50 were vending, with 5% of them being under the age of 30. It is possible to infer that women do not prefer vending in their early years, but they do in their later years, which may be linked to the responsibilities of family.

**Table 2 Marital Status**

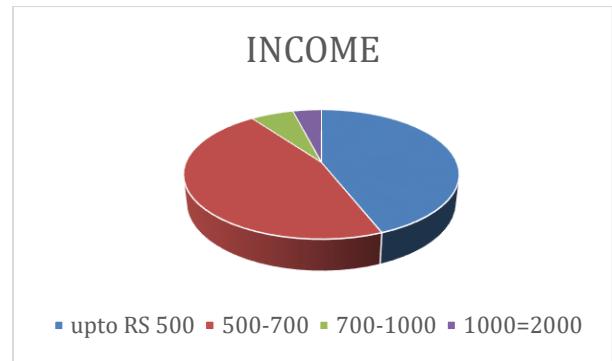
Age Distribution	Percentage (%)
 ■ upto 30 ■ 31-40 ■ 41-50 ■ 51-60 ■ above 60	
<b>Age distribution (years)</b>	Upto 30
	31-40
	41-50
	51-60
	Above 60
 ■ general ■ OBC ■ SC ■ ST	
<b>CASTE CATEGORIES</b>	General
	14



	OBCS	64								
	SC	20								
	ST	2								
<p><b>Educational status</b></p>  <p>■ Illiterate ■ primary ■ high school ■ intermediate &amp; above</p>										
<p><b>Educational status</b></p> <table><tbody><tr><td>Illiterate</td><td>81</td></tr><tr><td>Primary</td><td>15</td></tr><tr><td>High school</td><td>4</td></tr><tr><td>Intermediate &amp; above</td><td>0</td></tr></tbody></table>	Illiterate	81	Primary	15	High school	4	Intermediate & above	0		
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Primary	15									
High school	4									
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<p><b>Marital Status</b></p>  <p>■ married ■ unmarried ■ divorced ■ widow</p>										
<p><b>Marital status</b></p> <table><tbody><tr><td>Married</td><td>70</td></tr><tr><td>Unmarried</td><td>3</td></tr><tr><td>Divorced</td><td>10</td></tr><tr><td>Widow</td><td>26</td></tr></tbody></table>	Married	70	Unmarried	3	Divorced	10	Widow	26		
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Unmarried	3									
Divorced	10									
Widow	26									

The ageing process or the absence of a support system can result to an increased burden of responsibility. Street vending provides an acceptable income source for elderly women. The table indicates that a significant proportion of street vendors, approximately 66%, belong to the Other Backward Classes (OBC), while the Scheduled Castes (SC) account for 19% and the General category comprises 15%. No women in the (ST) category were observed engaging in vending activities. This section outlines the composition of their caste and indicates their preference for this activity in relation to it. The respondents exhibited a generally low educational level, with 81% being illiterate, 15% having completed primary school, and only 4% having finished high school. The findings suggest that the respondents' literacy levels are very low, and this aspect does not significantly influence their decision to engage in vending activities. They perceive it as a simple alternative to employment in the absence of a high school diploma, degree, or skill. Data on marital status reveal that around 70% of the women participating in this activity were married, while a notable 27% were widows. This activity is notably under-represented among unmarried and divorced

women, suggesting a lack of necessary support or a perception that it is not a viable profession.



Income of the respondent is very important indicator to know economic condition of any entity. Above table no. 2, showing daily income of the respondent reveals that 46% respondents are able to earn between 501 Rs. to 700 Rs. and 44% earn less than Rs 500. on daily basis. Only a few percent (10%) of women vendors are earning above 700 Rs., it means that 90% of the respondent is earning below 700 Rs. in which a good percentage (44%) of respondent earn below 500 Rs.

**Table 3 Working Hours**

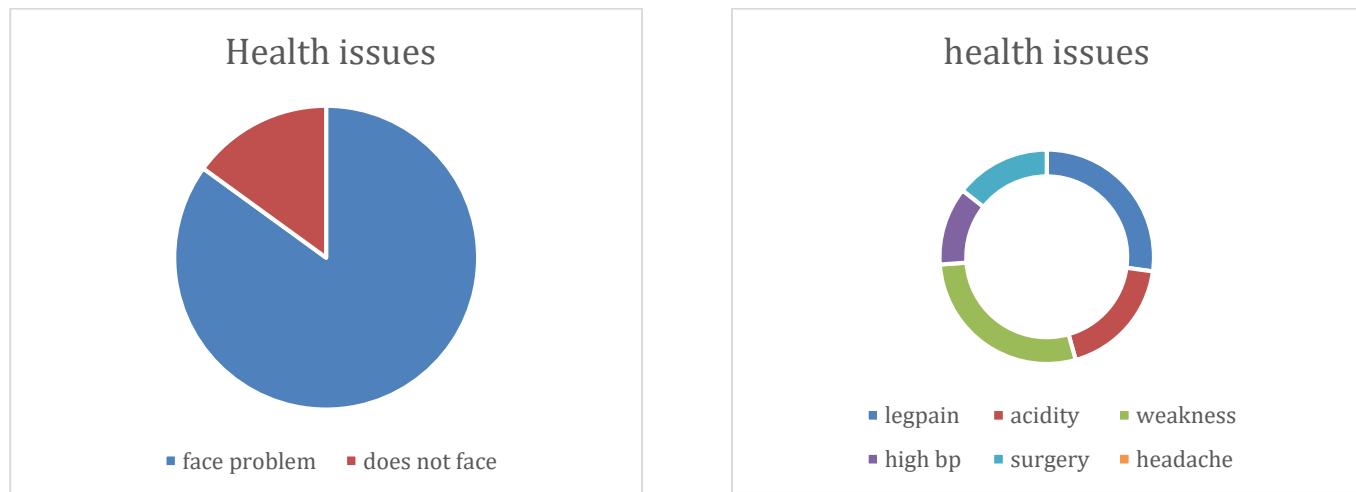
S. No.	Working hours of respondents	Percentage (%)
1	4-6 hours	9
2	6-8 hours	43
3	8-10 hours	15
4	Above 10 hours	33

Source: Primary Data

Table 3 represents that Most of the vendors (43%) work for 6-8 hours, followed by working above 10 hours long about 33% &15% working for 8-10 hours a day. Proportion of 6-8 working hours among respondents is large as they were predominantly vegetable vendors reflecting their major proportion in our samples who work afternoon period till night. during vending.

## 7. Health Conditions of Women Street Vendors

To know the actual conditions of women vendors it is also very important to know their health problem along with the major health issues which they suffer from. Figure No. 1 below shows that 85% of respondents have some or the other health issues, only 15% responded don't have any health issues on permanent base.


**Table 3 Monthly Expenses**

S. No.	Monthly expenses on health problems (in rupee)	Percentage (%)
1	Less than 500	70
2	501-1000	15
3	1001-1500	10
4	Above 2000	5

**Source:** Primary Data

**Table 3 Monthly Expenses**

S. No.	Healthcare facility preferred by women vendors	Percentage (%)
1	Public	50
2	Private	28
3	Both	22

**Source:** Primary Data

Above table tell us about healthcare services preference of respondents which reveals that only 5% women spend above Rs 2000/- on health whereas 70% of women spend less than Rs 500/ on health and about 50% women use public hospital for their treatment. Above figure no.2 shows different type of diseases women street vendors suffer from, the foremost problem women vendors face is joint pain/ legpain (53%) & gastrointestinal (36%). General weakness (55%) topped among all might be due to

non-consumption of nutritional food consumption or working for long hours leadig to exhaustion. In a good percentage women are also suffering with headache (26%) and BP (23%) issue. Other (28%) in this section represents any surgery, failure of organs or injury that took place in their life time till now.

#### 8. Limitation of the Study

Our study was restricted to 100 respondents due to the impossibility of selecting all female street vendors in the city for the purpose of the



investigation. It was not feasible to allocate an extended period of time to each vendor in order to obtain the most satisfactory response.

## **9. Suggestions**

- The government may launch an awareness campaign for women engaged in street selling to implement health-related preventive measures while executing their duties.
- Proper footpaths are not constructed in many places of the city, limiting selling opportunities and forcing vendors into the roadways, which exacerbates disorder.
- The idea of collecting revenue through washroom utility by women vendors is not fulfilling its objective because charge on the toilets prevent them from using it contrary it leads to open defecation. This particular idea should be reviewed.
- The underutilisation of public healthcare indicates that its welfare objective is not being achieved, since this vulnerable segment of the economy must spend a significant portion of their savings during emergencies when they resort to private treatment. Consequently, enhancing the quality of public healthcare would be very beneficial.
- Until appropriate policies and programs are developed and executed, local authorities should be more cooperative, recognising their significance to the economy and society.

## **Conclusion**

The most common health issues found among female vendors were musculoskeletal problems, gastrointestinal, headache, BP, hypertension & sugar other than general weakness experienced by them. Their occupations tend to increase the health issues they face. Majorities of vendors prefer private healthcare in general except in some case they choose for government healthcare facilities owing to low cost. Major factor causing underutilisation of public

healthcare services were long waiting lines, distance from home, poor quality of care, ineffective medicines and many others. But the drawbacks of using private health facility instead of public is that it causes extra burden on their low income, putting constraint on their purchasing power. Hence, making more rigorous efforts by government is urgent requirement in this regard and be more attentive towards their health improvement strategies and also maintain quality of public health facility.

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